

Michigan Department of Labor & Economic Growth
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive, P.O. Box 30005 – Lansing, Michigan 48909-7505

INITIAL APPLICATION

MLCC USE ONLY – DO NOT WRITE IN THIS SPACE

COMPLETE ALL INFORMATION IN THIS SECTION:

Name: _____
(of individual, Partnership, Corporation or Limited Liability Company – if transferring ownership, indicate SELLER'S name)

DBA: (assumed name of business): _____

Business Phone: () _____ Type of License: _____ License Number: _____

Business Address (number and street): _____

City or Village _____ *Township _____ County _____ Zip Code _____
* You must indicate Township if business is located outside of City or Village limits.

COMPLETE ONLY INFORMATION PERTAINING TO YOUR REQUEST:

☐ Applicant for NEW License (check type of license desired): ___ SDD ___ SDM ___ Tavern ___ Class C
___ B-Hotel ___ Resort B-Hotel ___ Resort SDD ___ Resort C ___ Club
___ Wholesale ___ Other: _____

☐ Transfer of Ownership: (Name of BUYER): _____
If Corporation, list proposed stockholders: _____

☐ Transfer of Location to: (Address) _____
(City or Village, Township, County, Zip Code) _____
• A property document must be attached – lease, option to lease, purchase agreement of option to purchase, land contract or warranty deed for the proposed location.

☐ Transfer of Classification from _____ to _____

☐ Self Incorporation (Name of Corporation) _____

☐ Transfer of Stock; transfer of membership or assignment of membership interest (explain transaction below): _____

☐ Add Partner (Name of person being added): _____

☐ Drop Partner (Name of person being dropped): _____

PERMITS (check all that apply): ___ Dance Only ___ Entertainment Only ___ Dance-Entertainment ___ Food
___ Sunday Sales ___ Topless Activity ___ Bowling ___ Concourse ___ Golf
___ Outdoor Service ___ Living Quarters ___ Direct Connection ___ Add Bar
___ Misc. – specify use (I.E. ski, racquetball, etc.) _____

COMPLETE ONLY INFORMATION PERTAINING TO YOUR REQUEST:

☐ Add Space (address or explanation) _____

Drop Space (address or explanation) _____

Rebuild (address or explanation) _____

CORPORATIONS	Include a list of all stockholders, their home addresses, home and business phone numbers and birth dates.
LIMITED LIABILITY COMPANIES	Include a list of all members, managers and assignees of membership, their home addresses, home and business phone numbers and birth dates.
PARTNERSHIPS	Include a list of all partners, their home addresses, home and business phone numbers and birth dates.
LIMITED PARTNERSHIPS	Include a list of general partners and limited partners, their home addresses, home and business phone numbers. General partners must also submit birth dates.

Licensee Signature(s): _____

Home Address (street, city, zip code): _____

Home Phone: () _____

Applicant Signature(s): _____

Home Address (street, city, zip code): _____

Home Phone: () _____

SPACE FOR CORPORATION – LLC – PARTNERSHIPS - LIMITED PARTNERSHIPS MEMBER INFO.

[illegible]

Attach additional sheets if necessary
You may mail or FAX this form to MLCC LICENSING at 517-322-6137.